various Pharmacy Institutions, State Governments and public persons, were received requesting postponement of the enforcement of the Education Regulations, 1991 primarily due to nonavailability of candidates having the 10+2 qualification. Since then Pharmacy Council of India have been advised that if sufficient candidates are not available with the enhanced qualifications, 10th pass students having the prescribed percentage of marks may be given admission.

Life Expectancy

2804. SHRI SHIV PRATAP MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have made any survey to-.know the average age prevailing in the country at present; and

(b) if so, the details thereof and what is the average age in the country as well as in other countries?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, Sir. The office of the Registrar General of India conducts a regular Sample Survey called the Sample Registration System.

(b) According to the Survey the average age of the population in 1990 was 25.2 for males and 25.7 for females. The life expectancy at birth is presently 58.6 years. A statement giving the comparative figures of life expectancy in different countries is enclosed.

Statement

Expectation of Life at Birth (By Sex)

Sl. No.	Name of the Country	Expectation of life at Birth*	
		Male	Female
1,	2	3	4
	World Total	61.8	65.9
1.	Afghanistan	41.0 (1985—90)	42.0
2.	Argentina	65.5 (1980-81)	72.7
3.	Australia	73.3 (1989)	79.5
4.	Bangladesh	56.9 (1988)	55.9
5.	Brazil	62.3 (1980—90)	67.6
6.	Myanmar	58.7 (1978)	63.7
7.	Canada	73.2 (1985—87)	79.79
8.	Egypt	57.8 (1985—90)	60.3
9.	France	72.3 (1988)	80.5
10.	German (DR)	71.8 (1988)	78.4
11.	India	58.1 (1986—91)	59.1 (1986—91)
12.	Indonesia	58.5 (1985—90)	62.0
13.	Japan	75.9 (1989)	81.8
14.	Kenya	56.5 (1985—90)	60.5
15.	Libya	52.0 (1985—90)	54.0
16.	Malaysia	67.5 (1985—90)	71.6
17.	Mexico	62.1 (1979)	66.0
18.	Nepal	50.8 (1981)	48.1

1	2	3	4
19.	Pakistan	59.0 (1976—78)	59.2
20.	Srilanka	67.8 (1981)	71.7
21.	Thailand	63.8 (1985-86)	68.8
22.	United Kingdom	72.2 (1986—89)	78.0
23.	U.S.S.R.	65.0 (1989-90)	74.0
24.	U.S.A.	71.5 (1988)	78.30

SOURCE:—Central Bureau of Health Intelligence reporting from the World Health Statistics 1991 and Demographic Year Book 1990.

Negligency by C.G.H.S. Doctors and Paramedical Staff at Gole Market

2505. SHRI S AUSTIN: Will the Minster of HEALTH AND' FAMILY VEURE be pleased to state:

(a) whether it is a fact that in C.G.H.S. Dispensary No. 1, Gole Market, New Delhi some of Doctors and para-medical staff do not attend the beneficiaries properly and do not supply the medicines prescribed by specialists;

(b) whether it is also a fact that very essential drugs like PCM Nasal Drops, Eye drops, proxivans capsules are lacking and what are the reasons for such anomolies; and

(c) what are the reasons that crepe bandages are not supplied by the said dispensary even if it is prescribed by specialists?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) All the Doctors and para-medical staff in CGHS Dispensaries, including the one at Gole Market, are required to provide medicines as properly prescribed, failing which corrective action is taken.

(b) Occasionally, there are some shortages of medicines on account of various reasons, which are replenished as early as possible.

(c) Crape bandages is not stored, but is procured as and when required.

Voluntary code of Conduct to Discourage use of Tobacco

2806. SHRI MENTAY PADMANABHAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether our organisation or association submitted a plan of voluntary code of conduct concerning various aspects of use of tobacco products including advertising of tobacco;

(b) if so, the details thereof; and

(c) steps being taken to consider the constructive aspects of such a programmme of voluntary code of conduct with regard to tobacco product?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND):(a) No such plan of voluntary code of conduct has been received from any organisation.

(b) and (c) Do not arise.

Cabinet decision to Initiate Anti-Tobacco Laws

2807. SHRI S. AUSTIN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:.

(a) whether Government are aware of the increasing anxiety of farmers and workers about recent Cabinet decisions to initiate anti-tobacco laws;

(b) whether Government will take steps to review such proposal, in view of wide-spread anxiety and equitation on the very way such proposals were rushed through; and

(c) steps being taken to ensure all concerned sectors?